

*P. Booker*

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

*10/52 7174*

FILING DATE

APPLICANT(S)

**CLAIMS**

|              | AS FILED  |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|-----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.      | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 1            |           |      |                                    |      |                                    |      |
| 2            |           |      |                                    |      |                                    |      |
| 3            |           |      |                                    |      |                                    |      |
| 4            |           |      |                                    |      |                                    |      |
| 5            |           |      |                                    |      |                                    |      |
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| 8            |           |      |                                    |      |                                    |      |
| 9            |           |      |                                    |      |                                    |      |
| 10           |           |      |                                    |      |                                    |      |
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| 19           |           |      |                                    |      |                                    |      |
| 20           |           |      |                                    |      |                                    |      |
| 21           |           |      |                                    |      |                                    |      |
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| 27           |           |      |                                    |      |                                    |      |
| 28           |           |      |                                    |      |                                    |      |
| 29           |           |      |                                    |      |                                    |      |
| 30           |           |      |                                    |      |                                    |      |
| 31           |           |      |                                    |      |                                    |      |
| 32           |           |      |                                    |      |                                    |      |
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| 40           |           |      |                                    |      |                                    |      |
| 41           |           |      |                                    |      |                                    |      |
| 42           |           |      |                                    |      |                                    |      |
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| 45           |           |      |                                    |      |                                    |      |
| 46           |           |      |                                    |      |                                    |      |
| 47           |           |      |                                    |      |                                    |      |
| 48           |           |      |                                    |      |                                    |      |
| 49           |           |      |                                    |      |                                    |      |
| 50           |           |      |                                    |      |                                    |      |
| TOTAL IND.   | <i>22</i> | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   | —         | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS | <i>22</i> |      |                                    |      |                                    |      |

|              | AS FILED |      | AFTER<br>1 <sup>st</sup> AMENDMENT |      | AFTER<br>2 <sup>nd</sup> AMENDMENT |      |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
|              | IND.     | DEP. | IND.                               | DEP. | IND.                               | DEP. |
| 51           |          |      |                                    |      |                                    |      |
| 52           |          |      |                                    |      |                                    |      |
| 53           |          |      |                                    |      |                                    |      |
| 54           |          |      |                                    |      |                                    |      |
| 55           |          |      |                                    |      |                                    |      |
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| 81           |          |      |                                    |      |                                    |      |
| 82           |          |      |                                    |      |                                    |      |
| 83           |          |      |                                    |      |                                    |      |
| 84           |          |      |                                    |      |                                    |      |
| 85           |          |      |                                    |      |                                    |      |
| 86           |          |      |                                    |      |                                    |      |
| 87           |          |      |                                    |      |                                    |      |
| 88           |          |      |                                    |      |                                    |      |
| 89           |          |      |                                    |      |                                    |      |
| 90           |          |      |                                    |      |                                    |      |
| 91           |          |      |                                    |      |                                    |      |
| 92           |          |      |                                    |      |                                    |      |
| 93           |          |      |                                    |      |                                    |      |
| 94           |          |      |                                    |      |                                    |      |
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| 96           |          |      |                                    |      |                                    |      |
| 97           |          |      |                                    |      |                                    |      |
| 98           |          |      |                                    |      |                                    |      |
| 99           |          |      |                                    |      |                                    |      |
| 100          |          |      |                                    |      |                                    |      |
| TOTAL IND.   |          | ↓    |                                    | ↓    |                                    | ↓    |
| TOTAL DEP.   |          | ←    |                                    | ←    |                                    | ←    |
| TOTAL CLAIMS |          |      |                                    |      |                                    |      |